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CONFIRMATION NO. 4401

<b>SERIAL NUMBER</b> 09/920,386	<b>FILING OR 371(c) DATE</b> 08/01/2001 <b>RULE</b>	<b>CLASS</b> 412	<b>GROUP ART UNIT</b> 3722	<b>ATTORNEY DOCKET NO.</b> 27228/04002	
<b>APPLICANTS</b> Greg Eippert, Mentor, OH; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/222,242 08/01/2000 <i>yes D/H</i> <b>** FOREIGN APPLICATIONS *****</b> <i>more D/H</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/10/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>D/H</i> Verified and Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 41939					
<b>TITLE</b> MEDICATION REMINDER SYSTEM					
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		